PTO/S8/17 (02-07)

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Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number 10/58		10/586,7	86,734		
FEE TRANSMITTAL					Filing Date		July 21, 2006			
For FY 2007					First Named Inv	entor	SCAIANG	O, Juan C		
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name	}	Thermally Modulated			
					Art Unit 2927					
TOTAL AMOUNT OF PAYMENT (S)				Attorney Docket	No.	57128-A				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 502791 Deposit Account Name: Kirby Eades Gale Baker										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17										
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Information and authorization on PTO-2038. FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
Application	Tyne F	2.20	iall Entity		Small Entity		Small	Entity	Fees Paid (\$)	
Utility) 00		[ee (\$) 500	Fee (\$) 250	<u>Eee</u>	323333			
Design		00		100	50	130			·	
Plani		00		300		160				
Reissue		00		500 500	150	600		•		
Provisional	·				250					
2. EXCESS CLAIM FEES Fee Description Fee (\$) Fee (\$)										
Each claim over 20 (including Reissues) 50 25								25		
Each independent claim over 3 (including Reissues)								200	100	
Multiple dependent claims Total Claims Extra Claims For (2) For (2)					Datal (6)			360 History	180	
Total Claims Extra Claims Fee (\$) Fee - 20 or HP = x =					Paid (\$)			Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
***************************************	mber of total claim	s paid for, i	**************************************	· · · · · · · · · · · · · · · · · · ·	***************************************		يث ا	XX.IXI		
indep. Claims	*******	a Claims	Fee (\$)	Fee	Paid (\$)			***************************************		
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3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):										
SUBMITTED BY		***************************************	000000000000000000000000000000000000000		Registration No. SS	000000000000000000000000000000000000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0000000000000000000000000000000000000	000000000000000000000000000000000000000	
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lame (Print/Type) Travor R. Mee								Date M	COM AL AND	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.